	4 4 4078		CERTIFICAT	F OF DEAT	TH		4	
<b>FED</b> FEB	14 1951	STANDARD	<b>OZ</b>	L OI DEAI		State File No.		24
BIRTH NO		REG. DIST. NO.	53 PRIMAR	Y REG. DIST. N	<u>. 3010</u>	. Registrar's No	. 56	2
1. PLACE OF DE a. COUNTY	ATH		2. US	UAL RESIDEN	NCE (Where deco	essed lived. If it	natitution: resid	ignos b
C£	a <u>ne Gira</u> j		a. ST	ATE Missou		P CUINTA	Cape 🗸	nd mis
b. CITY (If outside o	porporate limite, write	RURAL and give   C. L. township: STA	ENGTH OF c. CI	TY (If outside corpor		RAL and give tov	raship)	
TOWN Cane	e Girarde	esu 127	TO STORY	MAN -	Girarde		016	ęz.
d. FULL NAME ÔF	(If not in hospital or	r institution, give street address	m or location) d. ST		(If tural, give locati		(1)	
HOSPITAL OR INSTITUTION	<u> </u>	emis Street		1452	2 Themis	Stree	t	
3. NAME OF DECEASED	a. (First)	b. (Midd	lie)	c. (Last)	. 4. DATE			(Year
(Type or Print)	Herman	Fredi	rick	Bode Jr	i of			9.5]
5. SEX () 6.	6. COLOR OR RACE	I 7. MARRIED, NEVER A	MARRIED LA DAT	E OF BIRTH	9. AGE	(In years of these	R I YEAR   F INC	DER H
Male	White_	widowed, divorce Married	ED (Speedity)   Feb	27,187	last blu	rtbday)   Monthe		n N
ioa. USUAL OCCUPATION done during most of work.	ION (Give kind of worl	10b. KIND OF BUSINE	ESS OR IN- 11. BIR	THPLACE (State or		[]	12. CITIZEN	OF W
Carpenter Carpenter		<b>'</b>	DUSTRY	e Girard		Ma		17
3a. FATHER'S NAME		136. MOTHER	I'S MAIDEN NAME	B GITGIG	4. NAME OF HU	INTV MO	U.S.	<u>.                                    </u>
Herman Bo	ode Sr.		a Kurre		Flora B		76	
5. WAS DECEASED EVE	ER IN U.S. ARMED	FORCES?   16. SOCIAL	SECURITY 17. INI		SIGNATURE		ADD	국문
(I)	il yee, give war or date	se of service)	NO.	4.4	3100001000	OK NAME	ADD	KES
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		M	EDICAL CERTIF	CATION	<u>i Dada</u>	Lagre 5		40
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## RECEIVED

FED 12 1951

DISTRICT HEALTH OFFICE No. (

Licensed Embalmer No. 4132

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STATEMEN	NT BY	LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

working under my personal supervision.